

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000009049 (4)

1. Corporation Name
CEM INN CORPORATION



Principal Place of Business Mailing Address
2958 KENLWICK DRIVE NORTH CLEARWATER FL 34621

3. Date Incorporated or Qualified 01/31/1995	3a. Date of Last Report
4. FEI Number 59-3291294	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent

**PRATESI, EMIL G
1253 PARK STREET
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81. Name ELISA CASTELLI
82. Street Address (P.O. Box Number is Not Acceptable) 16405 US 19 NORTH
83.
84. City Clearwater
85. Zip Code FL 34624

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE *Elisa Castelli*
Signature typed or printed name of registered agent and filed if applicable

(NOTE: An individual Agent Separation application must be filed if applicable)

3-25-96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	DAVID A. CASTELLI
STREET ADDRESS		1.3 STREET ADDRESS	VICE PRESIDENT
CITY-ST-ZIP		1.4 CITY-ST-ZIP	16405 US 19 NORTH
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	CLEARWATER, FL 34624
NAME		2.2 NAME	VICE PRESIDENT
STREET ADDRESS		2.3 STREET ADDRESS	CHARLES EGERTER
CITY-ST-ZIP		2.4 CITY-ST-ZIP	16405 US 19 NORTH
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	CLEARWATER, FL 34624
NAME		3.2 NAME	SECRETARY
STREET ADDRESS		3.3 STREET ADDRESS	ELISA CASTELLI
CITY-ST-ZIP		3.4 CITY-ST-ZIP	16405 US 19 NORTH
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	CLEARWATER, FL 34624
NAME		4.2 NAME	TREASURER
STREET ADDRESS		4.3 STREET ADDRESS	AMY MENNA EGERTER
CITY-ST-ZIP		4.4 CITY-ST-ZIP	16405 US 19 NORTH
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	CLEARWATER, FL 34624
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	700001763467
STREET ADDRESS		6.3 STREET ADDRESS	-03/29/96--01116--019
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elisa Castelli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96 **813-535-0505**
DATE DISTRICT PHONE #

CR2E034 (12/95)